CONTINENTALS OF OMEGA BOYS & GIRLS CLUB, INC.
MEMBERSHIP APPLICATION

The Continentals of Omega Boys & Girls Club, Inc. receives funds form grants and government agencies. In order to continue to provide low cost services to your child, it is important that all questions be answered. We cannot accept your child unless all requested information is provided. All information is confidential and is used in compiling statistical data only. PLEASE PRINT ALL RESPONSES.
Each new member must submit a brief essay of why he/she wishes to join the Club.

DATE: _____ **( ) MALE ( ) FEMALE** **Foster Child? ( ) Yes ( ) No**

Name _____ **Age**_____ **DOB** _____
LAST FIRST MI

Home Telephone ( ) _____ **Emergency Telephone ( )** _____

School _____ **Grade** _____

_____ _____
Name of Mother/Guardian **Name of Father/Guardian**

_____ _____
Mother's/Guardian's Employer **Father's/Guardian's Employer**

_____ _____
Work Phone # **Work Phone #**

Email address: _____

How many people live in your Household? # of Brothers ____ # of Sisters ____ Total Household Members ____

Household headed by single Parent/Guardian ( ) Yes ( ) No If yes, Household headed by ( ) Male ( )Female

Ethnicity (Check One): **African American____ Caucasian____ Hispanic ____ Asian____ Bi-Racial____**
Native American____ Filipino ____ Islander____ Other ____

TOTAL HOUSEHOLD INCOME (Check One):
( )$ 0 - $10,000 ( )$10,001 - $15,000 ( )$15,001 - $20,000 ( )$20,001 - $25,000 ( ) $25,001 - $30,000
( )$30,001 - $35,000 ( )$35,001 - $40,000 ( )$40,001 - $45,000 ( )$45,001 - $50,000 ( ) $50,001 & Above

I receive the following Government Services? Free Lunch ____ AFDC ____ Medi-Cal ____ Social Security ____

Health Plan? ( )Yes ( ) No If yes, Name of Plan _____

Please list any serious illnesses your child may have: _____

Does your child have any psychological problems that may affect his/her involvement in the Club? Yes( ) No( )

Is your child taking any medications? Yes ( ) No( ) If yes, please list: _____

Renewal of Membership? Yes( ) No( ) Previous Card Number _____ **Year** _____

_____ _____
(Signature of Parent/Guardian) **(Your relationship to child)**

_____
(Youth Signature)

_____ _____ _____
(Staff Signature) **Date** **Card #**